

GSC WORKSHOP REGISTRATION FORM

Please print clearly.

This application is approved without preference to race, color, creed, disability, religion, national origin, sex, or age

THREE EASY WAYS TO REGISTER!

*Simply copy and complete this registration form and then, **fax, mail, or phone** it to your agency liaison. If you do not have a liaison or require further assistance, contact GSC at 502-564-8170*

Name: _____ Social Security Number: _____

Cabinet: _____ Department: _____

Work Address: _____

City/Zip: _____ Work Phone: _____

*To ensure that your registration is processed as quickly as possible, please forward your registration form to your department coordinator or agency liaison. **If you need special accommodations for disabilities, please specify on this line.***

REQUESTED CLASSES

Course titles

_____ Date(s): _____ Locations: _____

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****IMPORTANT****

If you must cancel a class in which you are scheduled please call GSC at 502-564-8170 as soon as possible. This will allow us the opportunity to replace your reserved seat with another employee.

All workshops begin at 8:30 a.m. Please arrive by 8:15 a.m.